SECTION 1.0
INTRODUCTION

The initial response to a novel strain of influenza or other novel respiratory virus will aim at containing the virus at its source. Thorough case isolation and quarantine of contacts in the area where the novel strain emerges may slow the spread of a pandemic. Travel restrictions to and from areas of viral transmission may help slow viral spread to other parts of the world. When the virus moves beyond its initial range and is introduced into the United States, early efforts will likely include isolation and quarantine of newly arrived cases and their contacts. But as transmission becomes more widespread in the United States, in the absence of treatment, vaccination or other preventative measures quarantine becomes less effective and may not be used as a primary public health intervention. Slowing initial viral spread will allow greater time to manufacture and distribute antiviral medications and to develop, manufacture, distribute, and administer influenza vaccine. Epidemiologic investigations of early influenza cases may reveal features of the novel strain that will be relevant to what efforts have the greatest potential in slowing viral spread. The goals of Travel-Related Disease Control and Community Prevention are to slow the initial spread of pandemic influenza; to describe steps that individuals can take to reduce their risk of becoming infected and their risk of spreading infection to others; and steps that the community as a whole can take.

The containment measures of isolation and quarantine aim to reduce the risk of transmission of pandemic influenza virus by decreasing the probability of contact between infected and uninfected individuals and decreasing the probability that contact will result in infection. These measures can be applied at the individual or community level and can be directed towards persons who are ill and persons who are well. Individual measures include isolation of ill patients (those with symptoms), quarantine and symptom monitoring of well persons who have had contact with ill persons, hand and respiratory hygiene, and use of PPE such as masks and gloves. Community measures include social distancing such as restricting mass gatherings, closing schools, and limiting domestic and international travel.

SECTION 2.0
DEFINITIONS

- ISOLATION is the separation, for the period (as determined by the public health authority) of communicability or contamination, of infected or contaminated persons or animals from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent or contaminant from those infected or contaminated to those who are susceptible or who may spread the agent or contaminant to others.
    - Involuntary Isolation
    - Voluntary/Self Isolation

- Isolation typically applies to an individual. People may isolate in hospitals, in their homes, or in designated isolation facility(ies).

- People in isolation may be cared for in hospitals, monitored in homes or in designated isolation facilities.

- QUARANTINE is the limitation of freedom of movement of such well persons or domestic animals as have been exposed to, or are suspected to have been exposed to, an infectious agent, for a period of time not longer than the longest usual incubation period of the infectious agent, in such manner as to prevent effective contact with those not so exposed (as determined by the public health authority). Applied to an individual or groups in the community and may be implemented in individual homes or designated quarantine facility.

    - Its main purpose is to stop the spread of infectious disease.

    - Involves identifying what constitutes an exposure, who is considered exposed (e.g., a *close contact) as determined by the public health authority*, and the incubation period to determine the duration of quarantine

- SUSPECTED TO BE INFECTED are cases where the DPHSS Medical Director and/or Chief Public Health Officer, in his or her professional judgement, reasonably believes that infection with a particular infectious agent is likely based on signs and symptoms, laboratory evidence, or contact with an infected individual, animal, or contaminated environment.

- COMMUNITY-BASED CONTROL MEASURES aim to decrease the risk of disease transmission by limiting social interactions such as cancellation of public events, limiting public transportation, and restriction of movements of segments of the community; and preventing inadvertent exposures in public or common daily measures, such as fever monitoring as needed at mass gatherings or community-wide quarantine. These measures can be used to delay spread of the disease and allow more time for development and production of vaccines and antiviral drugs.

SECTION 3.0
ASSUMPTIONS AND PLANNING PRINCIPLES

- At the initial detection of any pandemic virus, the vaccine will be unavailable for an undetermined and prolonged length of time.

- Isolation and quarantine planning efforts must incorporate and address the unique needs and circumstances of vulnerable populations including the homeless, limited English proficiency populations, persons with special medical needs, etc.

- All policies and procedures to assure the care of Protected Health Information (PHI) apply. Policies and procedures recognize that DPHSS may make necessary disclosures to protect the public's health.

- At the same time, there may be a very limited supply of available antiviral drugs, thus, public health measures of isolation, quarantine, and general public health containment may be necessary to slow the spread of pandemic influenza or other novel respiratory viruses.

- Several difficulties may be encountered in controlling exposure to pandemic influenza or other novel respiratory viruses including our current mobile society, short incubation period of the virus, and the period of communicability.

- The Government of Guam has the primary responsibility for the implementation of isolation and quarantine measures within the island while federal law has authority to prevent interstate and international travel and importation.

- Isolation and quarantine, whether for an individual, a group, or a community, is best implemented on a voluntary basis.

- During a pandemic, DPHSS in conjunction with the CDC will most likely recommend voluntary home quarantine, when possible, wherein exposed persons self-monitor for fever and report onset of symptoms and medical conditions to public health staff. This will likely occur when a large portion of the population becomes ill and a shortage of personnel to monitor and enforce mandatory containment measures occurs.

- Compliance with self-quarantine and home quarantine recommendations provided by DPHSS and the CDC is higher when those in quarantine have more access to necessary supplies and healthcare.

- Recommendations to the community to help limit transmission may include personal hygiene measures (i.e., hand washing, social distancing, etc.) and recommendations for use of PPE.

- The legal authority and duty to enforce isolation and quarantine orders is vested in the DPHSS Director as contained in 10 GCA Chapter 3, Article 3, § 3310 and Public Law 26-173 known as the "Islan Guahan Emergency Health Powers Act" and Supreme Court Case No.: CRQ20-002.

- DPHSS and law enforcement responders involved in enforcement of quarantine orders will be provided appropriate PPE and related training by their respective agencies as recommended by the CDC and WHO.

- By law, all isolation and quarantine orders must include the length of time for the isolation and quarantine periods and specify places or areas to or in which they are restricted in their movements.

- The DPHSS Director is responsible for determining and justifying the isolation and quarantine time periods.

SECTION 4.0
SELF-QUARANTINE AND GENERAL PUBLIC HEALTH CONTAINMENT MEASURES

A critical aspect to the successful implementation of self-quarantine and public health containment measures is full public support, awareness and understanding.

SECTION 4.1
UNDERLYING PRINCIPLES

Attending to the medical, legal, social, psychological, financial, and logistical challenges facing isolated or quarantined persons are keys to the successful implementation of containment measures for those who have needs that they cannot meet on their own. Essential services and supplies for persons in isolation and quarantine include:

- Food and water
- Utilities (electricity, water, sewage, garbage collection, telephone, heating or air conditioning, internet, etc.)
- Shelter (NOTE: identify facilities for the isolation or quarantine of the homeless, travelers and others whose own homes/ households may be inappropriate)
- Medications, medical supplies, medical consultation and care
- Access to legal representation
- Mental health and psychological support services
- Faith-based services
- Other supportive services (such as childcare, laundry, banking, essential shopping, etc.)
- Social amenities (e.g. television, radio, internet access, reading materials)
- Transportation
- Financial support

Persons who do not require hospitalization for medical reasons will be isolated in their homes whenever possible. Personal residences are generally the preferred settings for quarantine.

Isolation and quarantine are optimally performed with the consent and cooperation of the patient. However, pursuant to 10 GCA Chapter 3, Article 3, § 3310 and Public Law 26-173 known as the "Islan Guahan Emergency Health Powers Act", the DPHSS may issue an emergency detention order placing a person or group of persons into detention for purposes of isolation or quarantine.

DPHSS will assure the following:

- In concert with healthcare providers, identify and evaluate the status of cases.
- Identify and monitor contacts of patients, and determine whether to quarantine contacts if indicated.
- Coordinate with community-based partners (e.g. American Red Cross, Salvation Army, Catholic Social Services, etc.) to establish the capacity to deliver essential goods and services to persons in isolation and quarantine.
- Coordinate with the AG and Superior Court of Guam to issue legally binding isolation and quarantine orders.
- Assess the home environment to determine its suitability for isolation or quarantine.
- Identify and activate facilities to house persons for whom isolation or quarantine is indicated but who do not have access to an appropriate home setting.
- Support transition to isolation and quarantine site (home or facility) as needed.
- Deliver and explain educational materials in accordance with appropriate health literacy levels.
- Deliver and explain essential medical supplies.
- Monitor and evaluate isolated or quarantined individuals daily by phone or other appropriate means for health status as well as support needs and compliance with orders; coordinate and follow-up on delivery of goods and services as needs arise.
- Coordinate necessary medical care and follow-up with the appropriate medical provider.
- Coordinate with local providers for medications and medical supplies.
- Coordinate transfer to hospital of persons needing acute care.
- Provide interpreter services to isolated or quarantined persons, if needed.
- Ensure access to legal representation.

- Monitor the course and extent of the outbreak and evaluate the need for community containment measures.

- Coordinate with ESF13 GPD and other law enforcement agencies for the support necessary to enforce isolation and quarantine orders issued; notify the AG of suspected non-compliance.

- Ensure training and adequate stockpile of PPEs for law enforcement and other first responders, as needed.

- Ensure training for community providers as needed, including training in incident command, infection control and contact tracing.

- Identify potential resources to support response partners.

- Coordinate with Department of Integrated Services for Individuals with Disabilities (DISID) for the continuity of services for people with disabilities and special case-management needs.

- Document the needs of isolated and quarantined persons and document whether those needs were met.

- Coordinate risk communications and public information in concert with the JIC.

- Coordinate with the American Red Cross, other social service providers, and businesses to provide food, shelter, and clothing on an emergency basis.

- Coordinate public utilities to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons who are isolated or quarantined.

- Coordinate other social service organizations and local businesses to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.

- Coordinate with telecommunications companies to access telephone services for individuals who are isolated or quarantined, if needed.

- Provide access to mental health and other psychological support. Coordinate with Guam Behavioral Health and Wellness Center (GBHWC), if needed.

- Coordinate for childcare or senior information and assistance for elderly care, if needed.

- Coordinate transportation if needed to access medical treatment or other critical services.

- Coordinate with local social service providers to ensure faith-based services and social amenities, e.g. television, radio, Internet access, and reading materials.

SECTION 5.0
ISOLATION – CONCEPT OF OPERATIONS

The primary purpose for isolation is to separate an ill and/or contagious person from the healthy population in the community. It is easier to understand, accept, and implement isolation rather than quarantine. Isolation facilities include homes, hospitals, and/or alternate sites in the community such as skilled nursing facility, hotels, or tents.

SECTION 5.1
AUTHORITY

Pursuant to the provisions of 10 GCA Chapter 3, Article 3, § 3310, DPHSS Director has authority to impose isolation of any person who has or is reasonably suspected of having any communicable disease or any disease dangerous to the public's health.

DPHSS Director will have primary authority for implementation of the Plan, including recommendations and request for isolation and quarantine, with guidance from the Territorial Epidemiologist and the Chief Medical Officer.

If a pandemic threat escalates and becomes a civil defense emergency requiring resources outside of the control of the DPHSS, the Governor, GHS/OCD will become involved.

SECTION 5.2
NOTIFICATION AND COMMUNICATION

Notification and communication of isolation and quarantine requirements will follow existing protocols.

DPHSS will reach clinicians and healthcare providers through the Office of Epidemiology & Research (OER) and HPLO for health notifications.

Multiple media sources, such as television, radio, newspapers, internet, social media, and DPHSS website, will be used to send announcements to the public.

SECTION 5.3
ENFORCEMENT

- The recommended duration of quarantine for influenza or other novel respiratory viruses varies but is generally 10 to 14 days from the time of exposure. This will be adjusted based on current information during a pandemic.

- DPHSS response staff conducts random communications via phone calls or other monitoring tools/methods to a quarantined person on a (daily) basis to monitor for

development of symptoms such as fever, respiratory symptoms, etc. The extent of such activities are dependent on staff capacity, case load, and resource availability.

- If phone calls or other monitoring tools/methods fail to reach a quarantined person, a DPHSS response team staff trained in the use of appropriate PPE and related equipment, makes an on-site visit to the quarantined individual to ensure compliance or to confirm non-compliance.

- If the on-site visit confirms non-compliance by the absence of the quarantined person, pursuant to 10 GCA, DPHSS has the authority to locate and confine individuals in violation of the quarantine order in collaboration with law enforcement, using reasonable force.

- Ensure collection of accurate data for each quarantined person, including but not limited to the following:

    - Demographics
    - Relationship to the case-patient
    - Epidemiologic risk history
    - Nature and time of exposure
    - Whether contact is vaccinated, on antiviral prophylaxis, or using PPE
    - Any underlying medical conditions
    - Number of days in quarantine
    - Symptom log
    - Compliance with quarantine
    - Emergency Contact

SECTION 5.4
LEVELS OF ISOLATION

- The first patients presenting on Guam with a novel influenza or other respiratory virus will be most likely be isolated in isolation rooms at GMHA, GRMC or USNH.

- When hospital isolation beds have reached capacity and influenza or other novel respiratory virus cases continue to increase, the next level of isolation may be in mobile acute care modules established near the hospitals and staffed by hospital personnel to provide surge capacity or as indicated in their respective pandemic plans.

- The third level of isolation will take place in cohort facilities, such as skilled nursing facility, that will provide living quarters for a group of people who are all ill with the novel influenza or other novel respiratory virus or as indicated in the GMHA Pandemic Plan.

- Thresholds to move from one level of isolation to the other will be determined based on available epidemiologic data.

- If the number of influenza or other novel respiratory virus cases increase and infection becomes widespread, DPHSS may recommend to the public to isolate themselves and remain at home after becoming ill; thus, they will be less likely to be exposed to other infections and be less likely to infect others.

- Voluntary home isolation is ideal for infected persons who are not sick enough to be hospitalized but still have access to sufficient care and basic needs at home.

SECTION 5.5
ISOLATION FACILITY REQUIREMENTS

- GMHA, GRMC, and USNH have isolation beds/rooms that conform to guidelines from the CDC and the Healthcare Infection Control Practices Advisory Committee.

- Facilities with negative pressure capacity are desirable if the novel virus possesses characteristics that require airborne or respiratory precautions.

- A community-based facility for isolation will be required when home, hospital, or health care facility are not sufficient to accommodate persons requiring isolation.

    - Such facility will be useful during large outbreaks in the community.

    - Potential community sites for isolation are identified and will be evaluated during pre-pandemic preparedness planning stages.

    - Existing structures for community isolation facilities must meet American Red Cross shelter standards (see Attachment 4-F) and include schools, community health centers, senior citizen centers, apartments, dormitories, and hotels (see Attachment 4-D). Temporary structures for community isolation facilities include trailers, barracks, or tents.

- The following features must be considered when selecting a site and facility:

    - Size of facility and rooms

    - Ability to provide strict standard and airborne/droplet isolation precautions

- Bathroom with commode and sink, including showers
- Provision of infection control facilities for hospital or clinical staff, such as gowning/de-gowning areas, changing rooms, shower facilities, and widely available handwashing basins or waterless hand sanitizers
- Easy & controlled access to facility, including handicap accessibility
- Basic security
- Food and laundry service
- Social amenities to allow patients to contact with family and friends
- Waste and sewage disposal system
- Procedures to monitor health of staff

- For home isolation, these additional recommendations must be made to both ill persons and their family members:
  - Complete assessment to ensure residential setting is acceptable for the duration of the infectious period using current CDC guidelines.
  - Separate the ill person who must stay at home while they are most likely infectious to others, (during the infectious period).
  - Complete DPHSS health surveillance form or current CDC PUI form, Attachment 2-A, if not yet completed and voluntary isolation agreement, Attachment 4-B.
  - Restrict visitors to the home.
  - The patient must follow cough etiquette such as covering the mouth and nose when coughing or sneezing; disposing used tissues immediately after use; and washing hands after using tissues.
  - Household members must limit contact with the patient and designate one person as primary care provider. Consider selecting a household primary care provider who is not at increased risk of complications. Complete contact record form, Attachment 2-B, if not yet completed.
  - All household members must carefully wash hands or use alcohol-based rub after any contact with the patient, their linens, any tissues, or towels and handkerchiefs.
  - Ill patients and caregiver must wear facemasks when touching or having contact

with the patient's blood, stool, or body fluids to decrease the spread of infection. In unavoidable circumstances, any person entering the home of suspected influenza patients should wear mask within six feet from the ill patient and should wash hands after each contact and before leaving the home.

- Avoid sharing household items with the patient. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the patient uses these items, wash them thoroughly.

- Laundry can be washed in a standard washing machine with warm water and detergent. When handling soiled laundry, care must be used to avoid contamination; avoid "hugging" the laundry and wash hands with soap and water or alcohol-based rub afterwards.

- Household members must monitor themselves for development of influenza or other respiratory virus symptoms and to contact a telephone hotline (e.g. HEALTH hotline) or medical care provider if symptoms occur.

- Household members should care for any pets in the home. The patient should not handle any pets or other animals while sick.

SECTION 6.0
QUARANTINE – CONCEPT OF OPERATIONS

Quarantine is the separation and restriction of movement or activities of persons who are not ill but who are suspected to have been exposed to infection to prevent or reduce influenza or other novel respiratory virus transmission through monitoring their health and providing medical care and infection control precautions as soon as symptoms are detected. It is a more complex measure than isolation as it involves some serious issues concerning public health, public health law, and public policy. It is resource and labor intensive, taxing the reserves of virtually every area within the government such as health care, public health, social service, and law enforcement. Quarantine should not be used as a means to immediately stop the spread of disease, but rather as one of many tools to reduce the likelihood that new cases will arise from individuals who are not aware that they may be infected. When quarantine is required, public health officials will inform the public of the threat to their health, communicate the known risks, provide full information for the need for public action, and describe how the government will support individuals whose movement is restricted. It must be emphasized to the general public that quarantine is only temporarily restricting personal movement and is a collective action implemented for the common good.

SECTION 6.1
AUTHORITY

Same as that provided for Isolation needs described in Section 5.1.

SECTION 6.2

DPHSS DUE PROCESS PLAN

P.L. 26-173 § 19605 specifies the procedures for isolation and quarantine. Templates for the quarantine orders are listed in Title XXVI Chapter 10 of the Guam Administrative Rules and Regulations.

SECTION 6.3
ENFORCEMENT – Refer to Section 5.3.

SECTION 6.4
KEY REQUIREMENTS FOR QUARANTINE

Regardless of location or type of quarantine, every effort must be made to provide those in quarantine with the following minimum set of basic capabilities:

- Quarantined individuals must have access to public health and healthcare personnel whether through telephone, two-way radio, email, or personal care. The form of interaction must be consistent with the level of healthcare required.

- They must have access to public information and educational resources to assist them in making informed decisions and take educated actions to protect their own health and the health of their families. This may also be in the form of emails, websites set up specifically to meet this need, hotlines, two-way radio, public access TV, or mailings.

- Communication with relatives and friends must be made available through telephone, email, two-way radio, or video conferencing capability, if in-person visits are not advised.

- Individuals in quarantine must be monitored for symptoms, whether by a public health or response professional, family members, or self-monitor. Monitoring must be efficient and effective enough to identify the key symptoms immediately, using form in Attachment 4-E.

- Quarantine enforcement guidelines must be established, disseminated, maintained, updated when necessary.

- Upon identification, authorities must provide transportation for those who show symptoms to isolation facilities. Such transportation capabilities are important to ensure the greatest medical care of the symptomatic individuals and are critical for minimizing potential exposure of non-symptomatic individuals in quarantine.

SECTION 6.5
TYPES OF QUARANTINE

DPHSS may choose from any of the following types of quarantine to implement based on the nature and scale of the pandemic, characteristics of the public at risk, susceptibility of the

population, geographic distribution of the influenza or other novel respiratory virus-infected persons, availability of resources, and legal authorities in place.

- **Voluntary home quarantine** will be the primary strategy wherein the exposed or potentially exposed persons remain at home during the incubation period, which varies based on the respiratory illness.

- **Facility quarantine or alternative quarantine sites** will be used for those contacts unwilling or unable to maintain home quarantine, e.g. senior citizen centers, schools, gymnasiums, motels, or hotels. The movement of exposed or potentially exposed persons is restricted to the facility for the duration of the quarantine. Advantages of facility quarantine include consolidation and centralization of efforts, and provide options for those who may not want home quarantine and wish to minimize risk to their household members. However, the prospect of being placed in close proximity to potentially infected persons or simply being away from home or family may cause psychological distress and pose a challenge to public health officials seeking to encourage voluntary compliance.

- **Work quarantine** mainly applies to health care workers and other emergency response personnel where outbreak control requires employee to continue working but are required to use the prescribed PPE. When not working, they must remain in home or facility quarantine and authorities would need to arrange for safe transportation to limit contacts with others, enforce strict and frequent monitoring of symptoms. Flexible work options such as telework, may be considered.

- **Community quarantine** applies when all persons in a specific area or region where a high community-wide case count has been identified or where there is a potential for widespread exposure are quarantined. It is implemented by arranging a perimeter of a controlled access area around the region of concern, sometimes known as *cordon sanitaire*. This type of quarantine is the most difficult to implement and enforce. It may involve a legally enforceable action and travel restriction into or out of an area circumscribed by a real or virtual "sanitary barrier" or "*cordon sanitaire"* except to authorize persons, such as public health or healthcare workers.

Alternative quarantine sites will be identified based on the following considerations:

- Scope of pandemic

- Size of facility, room, and site – adequate rooms for each contact

- Controlled access and adequate security

- On-site showers and bathrooms

- Food service delivery

- Laundry service
- Social amenities to allow patients contact with family and friends
- Waste disposal procedures
- Staff to monitor contacts at least daily for fever and respiratory symptoms
- Transportation for medical evaluation for persons who will develop symptoms

Quarantine sites to be considered include all schools used as typhoon shelters, senior citizen centers, village gymnasium/sports complex, apartments, and hotels (see Attachment 4-D). Each facility is encouraged to identify a designated area or wing in their facility to be used for the quarantine of susceptible guests exposed to a suspect or ill person with pandemic influenza or other novel respiratory virus.

SECTION 6.6
SUPPORT SERVICES

- During quarantine, movement to the area of quarantine will be restricted.
- Ensure that mental health and psychological support services are provided when necessary.
- Available law enforcement personnel to maintain security at borders and enforce restriction of movement within the quarantine areas.

SECTION 6.7
DETERMINATION OF NEED FOR ISOLATION OR QUARANTINE

- The DPHSS Director will authorize the use of isolation and/or quarantine as strategies to control pandemic influenza based on the advice of the Chief Medical Officer, Territorial Epidemiologist, CPHO and BCDC Administrator.
- Once the PHIC is activated, the IC, Medical Director, Territorial Epidemiologist Chief Public Health Officer and Medical Operations will determine whether an isolation or quarantine facility should be activated.
- DPHSS will seek voluntary compliance with requests for isolation and quarantine, unless the Medical Director advises the DPHSS Director that the following conditions are present, making it necessary to immediately initiate involuntary detention for the purposes of isolation or quarantine:
    - There is reason to believe that the individual or group is, or is suspected to be, infected with, exposed to, or contaminated with pandemic influenza or other novel respiratory virus that could spread to or contaminate others if remedial

action is not taken.

- There is reason to believe that the individual or group would pose a serious and imminent risk to the health and safety of others if not isolated or quarantined.

- Seeking voluntary compliance would create a risk of serious harm.

SECTION 6.8
INITIATION OF REQUESTS FOR VOLUNTARY COMPLIANCE WITH ISOLATION OR QUARANTINE

PHRT will:

- Initiate contact with the individual or group suspected of being infected or exposed.

- Determine whether interpretation services are needed to facilitate communication with the person; if so, coordinate with GHS/OCD for interpreter resources.

- Enter cases and contact(s) in a database and document information related to cases including dates and times of all verbal and written communications.

- Verbally communicate the following information to the individual or group:

  - Explain the circumstances regarding the infection or exposure, the nature and characteristics of the illness, and the potential for infection of others. Provide written material when available.

  - Request that the individual or group isolate or quarantine themselves and have the isolation (see Attachment 4-B) or quarantine agreement signed (see Attachment 4-C).

  - Explain the process for isolation and quarantine, what is expected of each individual, how DPHSS will support their needs, and how long they must remain under isolation or quarantine.

  - If necessary, explain that the DPHSS Director/Medical Director has authority to issue an emergency detention order or petition the court *ex parte* for an order authorizing involuntary detention if the individual or group does not comply with the request for isolation or quarantine.

- If an individual is hospitalized, make contact with hospital staff as well as the patient to ensure hospital-based isolation and appropriate infection control measures are practiced, if indicated.

- (Quarantine and Isolation Acknowledgement letter) Complete a written request for voluntary compliance with isolation or quarantine instructions, including the location and

dates of isolation or quarantine, suspected disease, medical basis for isolation or quarantine, and relevant patient information.

- Make a reasonable effort to obtain the cooperation and compliance of the individual or group with the request for isolation or quarantine.

- Document efforts on a standardized form and enter into a database.

- Alert the DPHSS Director/Medical Director and the AG about situations where a person or group indicates unwillingness to comply with isolation/quarantine orders

- Recommend whether involuntary detention should be initiated.

- Cooperate with the epi-investigation team regarding the issuance of requests for voluntary compliance with isolation or quarantine instructions.

- Contact the identified individual to evaluate the suitability of their residence for isolation or quarantine; determine whether evaluation can be implemented using a telephone questionnaire or if an in-person review is necessary.

- Immediately deliver an information packet to the individual placed in isolation or quarantine. Provide appropriate instructions and training, if needed, regarding the packet contents, public health expectations and infection control measures
- (Note: patients isolated within health care facilities will be provided similar packet).

- Activate response teams to support the needs of isolated and quarantined persons including the following:

    - Develop a schedule of daily check-in calls or visits with each individual under isolation or quarantine.

    - Verify that the individual is at a specified location and monitor their health status.

    - Continue conducting daily check-in calls or visits with each individual until they are released from isolation or quarantine.

    - Record information gathered during check-in calls or visits on a standardized form and input information into a database.

    - Respond to irregularities such as changes in health status and failure to respond to call(s)/visits (e.g., request law enforcement and/or DPHSS staff to conduct a visit to the quarantine location; make contact with patient's health care provider, personal contacts or employer, etc.).

NOTE: If repeated attempts to locate individuals who are subject to isolation or quarantine are unsuccessful (via telephone calls,site visits. etc), coordinate with DPHSS IC, AG or designee and Medical Director regarding the need to pursue involuntary detention.

SECTION 6.9
OTHER COMMUNITY-BASED CONTAINMENT MEASURES

If disease transmission in the community is significant and sustained, community-based containment measures or non-pharmaceutical interventions will be implemented (see Attachment 4-A). Community-based containment measures are grouped into two broad categories:

- Measures that affect groups of exposed or at-risk individuals
    - Group Quarantine (i.e. home, facility, work, or community quarantine)
- Measures that apply the use of specific sites or buildings sometimes known as "focused measures to increase social distance" include cancellation of events and closure of buildings or restricting access to certain sites or buildings. Following are examples:
    - Cancellation of public events such as gatherings (concerts, sports events, political rallies, etc.) per executive order.
    - Closure of recreational facilities like community swimming pools, youth clubs, gymnasium, and senior citizen centers.
- Measures that affect communities that include both exposed and non-exposed individuals. Such measures must be considered at the following circumstances:
    - There is moderate to extensive transmission in the area
    - Many cases cannot be traced to contact with an earlier case or known exposure
    - Cases are increasing among contacts of influenza or other novel respiratory virus patients
    - There is a significant delay between the onset of symptoms and isolation of cases because of the large number of ill persons
- As community outbreaks of pandemic influenza or other novel respiratory virus occur, the general public must avoid close contact with ill individuals and the following measures may decrease the overall magnitude of the outbreak:
    - Promotion of community-wide infection control measures such as respiratory hygiene/cough etiquette. Throughout the pandemic, DPHSS will encourage all persons with signs and symptoms of a respiratory infection, regardless of presumed cause, to do the following:

- Cover the nose and/or mouth when coughing or sneezing
- Use tissues to contain respiratory secretions
- Dispose of tissues in the nearest waste receptacle after use
- Perform hand hygiene after contact with respiratory secretions and contaminated objects or materials

During the pandemic, persons at high-risk for complications of influenza or other novel respiratory virus will be advised to avoid public gatherings such as movies, religious services, or public meetings and avoid going to public areas such as supermarkets, stores, malls, or pharmacies. The use of other persons for shopping or home delivery service is encouraged. Appropriate PPEs are used by healthcare workers taking care of ill patients is recommended to minimize exposure to splashes and droplets of potentially infectious material from coughs and sneezes from reaching the mucous membranes of healthcare workers' nose or mouth.

- The benefit of wearing masks by well individuals in public settings has not been established and is not recommended as a public health measure at this time. Individuals may choose to wear a mask as part of their individual protection strategies that include cough etiquette, hand hygiene, and avoidance of public gatherings. Facemask use is most important for individuals who are at high risk for complications of influenza or other novel respiratory virus and those who are unable to avoid close contact with others or those who must travel for essential reasons such as seeking medical care or attending religious services. Public education will be provided on how to use and dispose of facemasks appropriately. In addition, it must be emphasized that facemask use is not a substitute for social distancing or other personal protection measures. Supply issues will be considered so that mask use in communities does not limit availability for healthcare settings where importance and effectiveness of this issue has been documented.

- Asking everyone to stay home is acceptable to most people, and is relatively easy to implement. "Stay Home Days" may be declared by the public health authority, for an appropriate number of initial days based on the situation, with final decisions on duration based on an epidemiologic and social assessment of the situation. Such a declaration would be an official public health recommendation, but would not be legally enforceable. Local public health authorities will consider recommendations to the public for acquisition and storage of necessary provisions including type and quantity of supplies needed during "Stay Home Days". "Stay Home Days" can effectively reduce transmission without explicit activity restrictions such as in quarantine. Consideration will be given to personnel who maintain primary functions in the community such as law enforcement personnel, transportation workers and utility workers (electricity, water, gas, telephone, garbage disposal/sanitation). Compliance might be enhanced by self-isolation or self-shielding behavior (i.e., many people may stay home even in the absence of an official "Stay Home Days" Declaration) as in voluntary sheltering or sometimes known as "sheltering-in-place". It is done when individuals, acting out of self-interest, limit their

own social interactions for the purpose of protecting their health.

- Closure of office buildings, museums, libraries, shopping malls and schools have significant impact on the community and workforce; thus, careful consideration will be focused on their potential effectiveness, how they can most effectively be implemented, and how to maintain critical supplies and infrastructure while limiting community transmission.

School closures may be effective in decreasing spread of influenza and other novel respiratory viruses, reducing the overall magnitude of disease in the community and should be considered for diseases which cause significant morbidity and mortality.. During a Pandemic Period, parents will be encouraged to consider child care arrangements that do not result in large gatherings of children outside the school setting.

- Restrictions on travel have been shown to reduce geographic spread, as well as total and local incidence during a disease outbreak. Restrictions may be placed on some or all modes of transportation – air, water, and land – and may include a range of increasingly stringent limitations including issuance of travel warnings, closure of high-risk stops, limiting schedules or canceling travel routes altogether. The effectiveness of such measures will depend on many factors, most notably by total travel intensity of a community, behavior of travelers and disease pathology. Traffic restrictions may be considered to reduce flow between villages and limiting only for passage of response and emergency vehicles and other essential transportation.

- Enhanced screening for sick individuals in public places may help detect and separate infected persons. Such screenings may take place passively or as a requirement for access into public or private buildings, businesses or public events. Checkpoints or screenings may also be set up in key transportation hubs such as airports or seaports.

- Scaling back community containment measures. The decision to discontinue community-level measures will balance the need to lift individual movement restrictions against community health and safety. Premature removal of containment strategies can increase the risk of additional transmission. Decisions will be based on evidence of improving local/regional control such as:

    - Consistent decrease in the number of confirmed cases.

    - Reduction in the number of probable and known cases.

    - Consistent decrease in the number hospitalized.

    - Effective protective countermeasures are in place (e.g. high coverage with a pandemic influenza or other novel respiratory virus vaccine)

- General recommendations are to withdraw the most stringent or disruptive measures first.

SECTION 7.0
TRAVEL-RELATED CONTAINMENT MEASURES

The COVID-19pandemic demonstrated how quickly human respiratory viruses can spread, especially in a world of modern air travel. Disease spread will likely be even faster for a pandemic disease which has a shorter average incubation period and is more efficiently transmitted from person to person than COVID-19.

It will not be possible to identify and isolate all arriving infected or ill passengers and quarantine their fellow passengers because some persons infected with influenza or other novel respiratory virus will still be in the incubation period, shedding virus asymptomatically, or have mild symptoms. Moreover, if an ill passenger is identified after leaving the airport, it might not be possible to identify all contacts within the incubation period for pandemic influenza or other novel respiratory virus. Nevertheless, depending on the situation, these activities might slow spread early in a pandemic, allowing additional time for implementation of other response measures.

The recommendations on travel-related containment strategies range from distribution of travel health alert notices, to isolation and quarantine of new arrivals, to restriction or cancellation of nonessential travel. These strategies will be implemented in coordination with CDC quarantine stations located at 20 U.S. ports of entry, primarily HQS which has jurisdiction for Guam, CBP, Transportation Security Administration (TSA), CQA, and the airlines. The recommendations for the Interpandemic and Pandemic Alert Periods focus on preparedness planning and on management of arriving ill passengers on international flights or vessels. The recommendations for the Pandemic Period focus on travel-related measures to decrease spread into, out of, and within the United States.

- Recommendations for the Interpandemic and Pandemic Alert periods

  - Prepare for implementation of travel-related containment measures. If a pandemic begins outside of Guam, early application of travel-related control measures such as identification and isolation of ill travelers and quarantine of close contacts might slow the introduction of the virus.

    - Engaging community partners including CQA officers, first responders (GFD, GPD), TSA, CBP, DoD, Coast Guard Forces Micronesia, GMHA and EMS personnel, GIAA, PAG, political leaders, GVB, GHRA, businesses, and other related agencies to plan for managing travel-related disease risks.

    - Collaborate with partners plan for mobilizing and deploying public health staff and other emergency workers.

- Conduct walk-through exercises or drills at ports of entry.

- Ensure that healthcare workers, emergency responders and secondary responders are trained in the use of PPE.

- Develop Memorandum of Agreement (MOA) with GMHA/GRMC to isolate, evaluate, and manage suspected influenza and other novel respiratory virus patients and if applicable, with EMS that can help perform on-site assessments of ill passengers and transport them to the hospital for evaluation. In the event that GMHA/GRMC reach capacity, MOAs should be developed with clinics and other facilities (e.g., hotels) as alternate isolation sites

- Protocols (e.g. current CDRP for ports of entry) for managing ill travelers at GIAA and PAG will include provisions for the following:

    - Meeting vessels with a reported ill passenger/crew.

    - Establishing notification procedures and communication links among organizations involved in the response.

    - Reporting potential cases to CDC.

    - Providing a medical assessment of the ill individual and referral for evaluation and care.

    - Separating the ill individual from other passengers during the initial medical assessment.

    - Transporting the ill individual to an acute care hospital.

    - Identifying other ill individuals and separating them from individuals who are not sick.

- Transporting and quarantining contacts, if necessary.

- Enforcing isolation and quarantine, if necessary, when ill travelers and their contacts are uncooperative.

- CDC is working with partners in the travel industry to ensure that airplane and vessel personnel are familiar with the following:

- Case definitions (symptoms, epidemiologic risk) for novel influenza and other novel respiratory virus strains of public health concern as they arise; additional and updated case definitions will be provided as necessary.

- Actions to take and persons to contact at their home offices, local quarantine station, or CDC if they are concerned about a sick passenger who might have novel influenza or other novel respiratory viruses.

- GIAA, PAG, DPHSS, GHS/OCD and local government leaders, in consultation with CDC, will identify quarantine facilities for housing passengers, crew, and emergency workers who may have been exposed to an ill traveler. These facilities should be equipped for:

- Quarantine preparedness at GIAA and PAG

    - GIAA, PAG, DPHSS, GHS/OCD and local government leaders, in consultation with CDC, will identify quarantine facilities for housing passengers, crew, and emergency workers who may have been exposed to an ill traveler. These facilities should be equipped for:

        - Temporary quarantine (a few days), until the results of diagnostic tests become available.

        - Long-term quarantine (up to the end of the infectious period) if a diagnosis of pandemic influenza or other novel respiratory virus is confirmed.

- DPHSS and community partners should plan for the provision of goods and services to persons in quarantine.

- Legal preparedness – ensure legal authorities in place and develop protocols, if necessary, for the following:

    - Requirements for pre-departure screening of international and domestic travelers.

    - Requirements for arrival screening and/or quarantine of international and domestic travelers.

    - Prohibitions on travel by ill persons and their contacts.

    - Restrictions on use of mass transit systems.

    - Cancellation of nonessential travel.

    - Enforcement of travel restrictions, in collaboration with federal and/or local law

enforcement officers.

- Health Information for Travelers – CDC's Travelers' Health website (www.cdc.gov/travel/) will provide up-to-date travel notices for international travelers to countries affected by influenza or other novel respiratory viruses. This information will be provided to all representatives of airlines operating on Guam, CQA, GIAA, CBP, and TSA (add additional partners). Additional travel health precautions or warnings will be issued to inbound and outbound travelers if a novel respiratory virus spreads internationally and causes additional cases.

Evaluation of travel-related cases of infection with novel respiratory viruses.

- During the Pandemic Alert Period, travel-related cases of infection might be detected after entry into Guam or reported during transit by airline or vessel personnel prior to arrival of an ill passenger.

- Managing ill passengers:

    - Follow protocols for management of arriving ill passengers who meet the clinical and epidemiologic criteria for infection with a novel strain of influenza or other respiratory virus (see also algorithm in Attachment 3-B).

    - If an ill passenger is reported aboard an arriving airplane or vessel, airline pilot or captain will inform GIAA Tower or Harbor Master who will notify CQA, DPHSS official or designated health officer who will do the following:

        - Request information on the ill passenger's symptoms and travel exposure history to make an initial assessment if the illness meets the current clinical and epidemiologic criteria or is suspicious for novel influenza or other respiratory virus.

        - Notify all partners, including the HQS and CDC.

        - If the case meets clinical and epidemiological criteria, DPHSS PHRT shall meet the airplane or vessel to further evaluate the ill traveler.

        - Provide the crew with guidance on infection control procedures, if needed (e.g. separate the ill passenger as much as possible from other passengers; provide ill passenger with a facemask or tissues to cover coughs and sneezes).

    - If the designated DPHSS officials meet the airplane or vessel and perform an initial medical evaluation of the ill traveler, the passengers and crew will be informed of the situation and will not be allowed to disembark until evaluation is complete.

- If DPHSS officials determine that the ill passenger meets the clinical and epidemiologic criteria for infection with a novel influenza or other novel respiratory virus, disposition will be determined by DPHSS officials using appropriate infection control procedures for transit and patient isolation.

- Managing travel contacts:

  - DPHSS officials, in consultation with HQS and CDC, will decide how to manage travel contacts of an ill traveler on a case-by-case basis, taking into consideration the following factors:

    - Likelihood that the suspected case is due to a novel influenza or other novel respiratory virus (based on symptoms and travel history, if laboratory results are not available).

    - Likelihood that the causative virus is transmitted from person to person with a moderate or high efficiency (as in later phases of Pandemic Alert Period).

    - Feasibility of tracing and monitoring travel contacts, as well as the patient's family members, workmates, schoolmates, and healthcare providers.

    - Management of contacts include passive or active monitoring without activity restrictions; quarantine at home or in a designated facility and/or; antiviral prophylaxis or treatment.

PANDEMIC PHASES

WHO PHASE 1: INTERPANDEMIC PERIOD

- **DPHSS**

  - Review and collect existing laws and regulations pertaining to isolation and quarantine applicable to pandemic influenza and other novel respiratory virus response.

  - Monitor current recommendations and collaborate with other partners in reviewing and updating plans for isolation and quarantine measures.

  - Identify resources available to educate the public on proper handwashing, cough and sneeze etiquette, as well as, on appropriate use of facemasks and other protective measures when in self-quarantine (i.e., communication and messaging)

  - Review Health Care Worker (HCW) contacts (HPLO)

- **Healthcare Settings**

- Routine isolation activities for seasonal influenza and other infectious diseases.
- Continue with routine infection control measures for patients and staff.
- Enhanced dissemination of health education materials such as posters and brochures on handwashing, respiratory hygiene and cough etiquette for patients and staff.
- Encourage physicians to promote compliance to handwashing, respiratory hygiene and cough etiquette of patients and staff at their respective clinics.

- **CQA**
  - Routine examination of airline and vessel declaration forms.
  - Routine reporting to DPHSS and isolation of ill passenger or crew at ports of entry.

- **GIAA**
  - Routine support to CQA/DPHSS for identification and isolation of ill passenger or crew.

- **PAG**
  - Routine examination of vessel declaration forms.
  - Routine reporting to CQA/DPHSS and isolation of ill vessel crew or passenger at Commercial Port.

- **Airlines**
  - Routine screening and reporting to CQA/DPHSS of ill passenger or crew.
  - Routine isolation of ill passenger or crew.

WHO PHASE 2: INTERPANDEMIC PERIOD

- **DPHSS**
  - Monitor current recommendations and collaborate with other partners in reviewing and updating plans for isolation and quarantine measures.
  - If funds are available, print educational materials (i.e. posters on proper handwashing, and cough and sneeze etiquette).

- Ensure that DPHSS and all partner agencies including first responders, epi investigators, healthcare and law enforcement personnel have adequate PPEs.

- Obtain dedicated representative from the Attorney General's office for MOU, contracts and legal document reviews

- **Healthcare Settings**

  - Routine isolation activities for seasonal influenza and other infectious diseases.

  - Continue with routine infection control activities for patients and staff.

  - Enhanced dissemination of health education materials such as posters and brochures on handwashing and cough etiquette for patients and staff.

  - Encourage physicians to promote compliance to handwashing and cough etiquette among patients and staff at their respective clinics.

  - Maintain adequate inventory of PPE's for staff and patients.

- **CQA**

  - Routine examination of airline and vessel declaration forms.

  - Routine reporting to DPHSS and isolation of ill passenger or crew at ports of entry.

- **GIAA**

  - Routine support to CQA/DPHSS for identification and isolation of ill passenger or crew.

  - Designation of quarantine room at the airport (current location is to leave plane on tarmac; discussions are ongoing for permanent room).

- **PAG**

  - Routine examination of vessel declaration forms.

  - Routine reporting to CQA/DPHSS and isolation of ill vessel crew or passenger at Commercial Port (ill crew members must stay onboard until cleared by DPHSS official)

- **Airlines**

- Routine screening and reporting to CQA/DPHSS of ill passenger or crew.
- Routine isolation of ill passenger or crew.

WHO PHASE 3: PANDEMIC ALERT PERIOD

- **DPHSS**
  - Ensure that DPHSS and all partner agencies including first responders, epi investigators, healthcare and law enforcement personnel have adequate PPEs.
  - Monitor current recommendations and collaborate with other partners in reviewing and updating plans for isolation and quarantine measures.
  - Coordinate with DPHSS ECHO in educating the public on proper handwashing, cough and sneezing etiquette, and if necessary, on appropriate use of facemasks and other protective measures such as when in self-quarantine.
  - Identify list of possible sites, facilities, equipment, and other resources that may be used for isolation and quarantine purposes, both at ports of entry and in the community.
  - Identify necessary support services and supplies in the event of activation of isolation and/or quarantine plans.
  - Identify methods and other measures to facilitate and encourage self-quarantine should such become necessary.
- **Healthcare Settings**
  - Continue preparedness activities from Phases 1 and 2.
  - Exercise emergency response plan related to isolation activities.
- **CQA**
  - Continue preparedness activities from Phases 1 and 2.
  - Distribution of generic health alert cards at ports of entry.
  - Enhanced awareness among staff on current procedures in handling suspect or ill passengers and crew at ports of entry.
  - Disseminate health promotion and education materials to staff.
  - Maintain adequate inventory of PPE's for staff, including fit-testing for masks.

- Continue to disseminate to staff CDC and WHO updates and recommendations on pandemic influenza provided by DPHSS.

- Develop pandemic response plan.

- **GIAA**

  - Routine support to CQA/DPHSS for identification and isolation of ill passenger or crew.

  - Designation of quarantine room at the airport (current location is to leave plane on tarmac; discussions are ongoing for permanent room).

  - Dissemination of health promotion and infection control education materials to staff and vendors.

  - Develop pandemic response plan

- **PAG**

  - Continue preparedness activities from Phase 1 and 2.

  - Dissemination of health promotion and infection control education materials to staff.

  - Develop pandemic response plan to include identifying an Isolation and Quarantine facility at the port.

- **Airlines**

  - Continue preparedness activities from Phases 1 and 2.

  - Develop pandemic/communicable disease emergency response plan, if none in place.

  - Enhanced awareness among staff on current procedures in handling suspect or ill passengers or crew at airports.

  - Dissemination of health promotion and infection control education materials to staff.

  - Continue to disseminate to staff CDC and WHO updates and recommendations on pandemic influenza provided by DPHSS.

- **CBP**
    - Routine examination of travel/immigration documents and visual inspection of arriving passengers and crew at ports of entry.
    - Maintain inventory of PPE's of staff. Each CBP Officer is provided a pandemic kit (1 box of N-95 mask, 1 box of gloves, and 2 packs of hand sanitizer).
    - Develop pandemic response plan applicable to Guam (CBP has a national pandemic response plan already in place.
- **MCOG**
    - Inventory and identify resources of each village related to the provisions of the Emergency Health Powers Act §19202(13).
    - Develop pandemic response plan applicable for each village.
- **GPD**
    - Develop law enforcement pandemic response plan.
    - Identify teams (2-3 staff/team) to support pandemic activities (i.e. security, escort) at isolation and quarantine site(s)
- **GFD**
    - Routine triage and transport of ill passenger or crew.
    - Maintain adequate inventory of PPE supplies for staff.
- **GDOE**
    - Continue educating staff, students and parents on the signs and symptoms of influenza versus common cold, importance of good hygiene practices and the importance of staying home when sick.
    - Confirm school's role in local isolation and quarantine response plan, i.e. support services.
    - Inventory and identify possible isolation and quarantine sites.

WHO PHASE 4: PANDEMIC ALERT PERIOD

- **DPHSS**

- Regular consult with CDC and WHO to monitor current situation and recommendations.

- May activate isolation and quarantine plan at anytime based on occurrence of highly suspicious case who meets the criteria.

- Enhanced coordination with partners to isolate probable case and quarantine contacts.

- May recommend local residents defer non-essential travel to areas impacted by pandemic influenza or other novel respiratory viruses, as per CDC and WHO guidance.

- Recommend local residents avoid close contact with other persons to the extent possible; may close schools or suspend mass gatherings in consultation with CDC and WHO.

- Coordinate through GPD and GHS/OCD to ensure necessary security and enforcement when needed.

- May initiate airport arrival visual screening, distribution of pandemic influenza or other novel respiratory virus health alert notices and collection of Health Surveillance Forms (see Attachment 2-C), as per CDC guidance.

- **Healthcare Settings**

  - Continue activities from Phases 1, 2 and 3.

  - Implement pandemic response plan related to isolation activities as indicated in the GMHA Clinical Guidelines Plan.

  - Individual patient isolation precautions for possible novel strain of influenza.

- **CQA**

  - Continue activities from Phases 1, 2 and 3.

  - Continue screening at ports of entry, including more thorough visual examination of passenger or crew possibly ill with pandemic influenza.

  - Assist DPHSS in the distribution of pandemic influenza health alert notices and collection of Health Surveillance Forms (see Attachment 2-C) when required, as per CDC guidance.

- **GIAA**

- Continue activities from Phases 1, 2 and 3.
- Designation of a permanent isolation and quarantine room at the airport.

- **PAG**
  - Continue activities from Phases 1, 2 and 3.
  - Ensure a designated quarantine facility at the port.
- **Airlines**
  - Continue activities from Phases 1, 2 and 3.
  - Enhanced visual and verbal screening of passengers both at departure and arrival areas.
- **CBP**
  - Continue activities from Phases 1, 2 and 3.
  - If required, assist in distributing pandemic influenza health alert notices, especially to transiting passengers at the airport
- **MCOG**
  - Maintain facilities and resources of each village related to the provisions of the Emergency Health Powers Act §19202(13).
  - Provide manpower support services to DPHSS, if isolation and quarantine facilities are needed through GHS/OCD.
- **GPD**
  - Enhanced readiness for emergency response to provide security support for isolation and quarantine activities.
- **GFD, GIAA/Aircraft Rescue and Fire Fighting Unit (ARFF)**
  - Enhanced readiness for emergency response to support isolation and quarantine activities.
- **GDOE**
  - Continue activities from Phases 1, 2 and 3.

- Enhanced readiness for emergency response (i.e. implementation of non-pharmaceutical interventions or community-based containment measures such as school closure, cancellation of large gatherings), when required as recommended by CDC and WHO.

- **GHS/OCD, GBHWC, ARC, Guam National Guard (GUNG)**

  - Enhanced readiness for emergency response to support isolation and quarantine activities.

- **Consulate Offices and GVB**

  - If possible, provide language interpretation support services.

WHO PHASE 5: PANDEMIC ALERT PERIOD

- **DPHSS**

  - Regular consult with CDC and WHO to monitor current situation and recommendations.

  - May activate isolation and quarantine plan at anytime based on occurrence of highly suspicious case who meets the criteria.

  - Enhanced coordination with partners to isolate probable case and quarantine contacts.

  - May recommend local residents defer non-essential travel to areas impacted by pandemic influenza or other novel respiratory viruses, as per CDC and WHO guidance.

  - Recommend that local residents avoid close contact with other persons as much as possible; may close schools or suspend mass gatherings in consultation with CDC and WHO.

  - Coordinate through GPD and GHS/OCD to ensure necessary security and enforcement when needed.

  - May initiate airport arrival visual screening, distribution of pandemic influenza or other novel respiratory virus health alert notices and collection of Health Surveillance Forms, as per CDC guidance.

- **Healthcare Settings**

  - Continue activities from Phases 1, 2, 3 and 4.

- Implement pandemic response plan related to isolation activities as indicated in the GMHA Clinical Guidelines Plan.
- Individual patient isolation precautions for possible novel strain of influenza.

- **CQA**
  - Continue activities from Phases 1, 2, 3 and 4.
  - Continue screening at ports of entry, including more thorough visual examination of passenger or crew possibly ill with pandemic influenza.
  - Assist DPHSS in distribution of pandemic influenza health alert notices and collection of Health Surveillance Forms when required as per CDC guidance.
- **GIAA**
  - Continue activities from Phases 1, 2, 3 and 4.
  - Designation of a permanent isolation and quarantine room at the airport.
- **PAG**
  - Continue activities from Phases 1, 2, 3 and 4.
  - Ensure a designated quarantine facility at the port.
- **Airlines**
  - Continue activities from Phases 1, 2, 3 and 4.
  - Enhanced visual and verbal screening of passengers both at departure and arrival areas.
- **CBP**
  - Continue activities from Phases 1, 2, 3 and 4.
  - If required, assist in distributing pandemic influenza health alert notices, especially to transiting passengers at the airport.
- **MCOG**
  - Maintain facilities and resources of each village related to the provisions of the Emergency Health Powers Act §19202(13).

- Provide manpower support services to DPHSS, if isolation and quarantine facilities are needed through GHS/OCD.

- **GPD**
  - Enhanced readiness for emergency response to provide security support for isolation and quarantine activities.

- **GFD, GIAA, ARFF**
  - Enhanced readiness for emergency response to support isolation and quarantine activities.

- **GDOE**
  - Continue activities from Phases 1, 2, 3 and 4.
  - Enhanced readiness for emergency response i.e. implementation of non-pharmaceutical interventions such as school closure, cancellation of large gatherings, when required as recommended by CDC and WHO.

- **GHS/OCD, GBHWC, ARC, GUNG**
  - Enhanced readiness for emergency response to support isolation and quarantine activities.

- **Consulate Offices and GVB**
  - If possible, provide language interpretation support services.

WHO PHASE 6: PANDEMIC PERIOD

- **DPHSS**
  - Activate plans and support for isolation according to CDC/WHO recommendations and as necessary to limit spread of infection from ill individuals.
  - Activate plans and support for quarantine according to CDC/WHO recommendations and as necessary to limit potential transmission from exposed healthy individuals.
  - Continue to monitor current recommendations and collaborate with other partners in implementing isolation and quarantine measures.

- Continue to coordinate with CQA and CBP to ensure isolation and quarantine procedures are in place at ports of entry.

- In coordination with the JIC, issuance of advisory on voluntary home isolation of sick persons and encouraging employers/supervisors to send ill employees home.

- Activate community-based control measures as needed.

- Continue to coordinate through GPD and OCD to ensure potential necessary security and enforcement.

- **Healthcare Settings**

  - Admission limited to influenza patients to those with severe complications of influenza who cannot be cared for outside the hospital setting.

  - Patients admitted to either a single-patient room or an area designated for cohorting of patients with influenza.

  - Designed units or areas of a facility should be used for cohorting patients with pandemic influenza. During a pandemic, other respiratory viruses (e.g., non-pandemic influenza, respiratory syncytial virus, parainfluenza virus) may be circulating concurrently in a community. Therefore, to prevent cross-transmission of respiratory viruses, whenever possible assign only patients with confirmed pandemic influenza to the same room. At the height of a pandemic, laboratory testing to confirm pandemic influenza is likely to be limited, in which case cohorting should be based on having symptoms consistent with pandemic influenza.

  - Personnel (clinical and non-clinical) assigned to cohorted patient care units for pandemic influenza patients should not "float" or otherwise be assigned to other patient care areas. The number of personnel entering the cohorted area should be limited to those necessary for patient care and support.

  - Personnel assigned to cohorted patient care units should be aware that patients with pandemic influenza may be concurrently infected or colonized with other pathogenic organisms (e.g. *Staphylococcus aureus*, *Clostridium difficile*) and should adhere to infection control practices (e.g., hand hygiene, changing gloves between patient contact) used routinely, and as part of standard precautions, to prevent nosocomial transmission.

  - Because of the high patient volume anticipated during a pandemic, cohorting should be implemented early in the course of a local outbreak.

  - The Command Post will identify the trigger points during the pandemic phases for

determining implementation of the cohort plan. Cohort units will be opened in the following order:

- The first cohort unit will be the Pediatrics Department (4th floor B Wing).
- The second cohort unit will be the New Surgical Unit (4th floor A Wing)
- The third cohort unit will be Medical Surgical Unit (3rd floor A Wing)
- The fourth cohort unit will be the Old Surgical Unit (3rd floor A Wing)

NOTE: The Command Post will determine the threshold for preparation by OCD of the GMHA Overflow Site (see *GMHA Overflow Plan*, Appendix 40).

- The Nursing Supervisor on duty will coordinate transport of existing inpatients from the identified cohort unit to a non-influenza patient care area before transport of pandemic influenza patients to that unit. If rooms are not available, the Nursing Supervisor will work with Command Post to assist with implementation of the *Patient Rapid Discharge Plan*, See GMHA Appendix 17. If staff are not available to assist with transporting patients, the Nursing Supervisor on duty will work with Command Post to identify additional assistance. Admission limited to influenza patients to those with severe complications of influenza who cannot be cared for outside the hospital setting.

- Infection Control practices for cohorting should be followed by all personnel. See *Infection Control Plan*, See GMHA Appendix 2.

- The Command Post must be sought for assistance in identifying security needed for a patient who may need to be isolated against his/her will. Implement ***Isolation/Quarantine Law*** as needed.

- **CQA, CBP, GIAA, ARFF, Airlines, PAG**
  - Continue activities from Phases 4 and 5, if travel remains.

- **MCOG, GFD, GDOE, UOG, GCC, GHS/OCD, Consulate Offices, GVB, GHRA, ARC, GBHWC, GPD, GUNG**
  - Provide support activities at isolation and quarantine facilities as needed

WHO POST PANDEMIC PERIOD

- **DPHSS**
  - Revert to interpandemic isolation and quarantine activities.
  - Recovery, evaluation, and preparation activities for subsequent waves.

- Repeat phases 4-6 as appropriate.

- **Healthcare Setting**
  - Revert to interpandemic isolation and quarantine activities.
  - Repeat phases 4-6 as appropriate.
- **CQA, CBP, GIAA, ARFF, Airlines, PAG**
  - Revert to interpandemic isolation and quarantine activities.
  - Repeat phases 4-6 as appropriate.
- **MCOG, GPD, GFD, GDOE, UOG, GCC, GHS/OCD, Consulate Offices, GVB, GHRA, ARC, GBHWC, GPD, GUNG**
  - Revert to interpandemic isolation and quarantine activities.
  - Repeat phases 4-6 as appropriate.